DOCUMENT RESUME

ED 285 359 EC 200 297

AUTHOR Leung, Brian
TITLE Cultural Considerations in Working with Asian Parents.
PUB DATE Feb 87
NOTE 6p.; Paper presented at the conference of the National Center for Clinical Infant Programs, "Vulnerable Infants, Stressed Families: Challenges for Research and Practice" (Los Angeles, CA, February 20-22, 1987). For a related document, see EC 200 296.
PUB TYPE Speeches/Conference Papers (150) -- Viewpoints (120)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Asian Americans; *Cultural Background; *Cultural Differences; *Disabilities; Family Relationship; *Values

ABSTRACT

The paper examines cultural variables of which providers of educational services should be aware when working with Asian American parents. Preliminary cautions are expressed regarding different underlying reasons for similar overt behavior, the vast scope of within-group differences among Asians, and difficulties of determining the extent of influence of cultural values on individuals' or families' behaviors. Culturally related considerations are noted, including the tendency to misinterpret the interactional patterns of Asians with professionals. The author sets forth three levels of variables which providers should understand: (1) basic Asian cultural orientations towards receiving outside assistance; (2) the language barrier and day-to-day survival issues; and (3) emotional and physical traumas from war, as experienced by the Asian refugee populations. Similarities and differences among "chopstick" and "non-chopstick" cultures are charted. The paper concludes with suggestions of appropriate questions which may be asked to gain insights into the culture. (CL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

CULTURAL CONSIDERATIONS IN WORKING WITH ASIAN PARENTS

Brian Leung
Spring 1987

ED285359

There are several important foundation points which are critical in working with Asian parents.

First of all, a general word about cultural presentations -- in any presentation of cultural characteristics of a target group of people, participants will often identify many seemingly similiar kinds of behaviors exhibited by the target group in relation to other cultural groups. However, it is very important to remember that while overt behaviors may indeed be similiar, the rationale for those behaviors may be very different. For example, Asians are often perceived to be "passive"; but a person can appear passive for more than one reason -- they can be passive because they are depressed, or are afraid, or that it is culturally appropriate to do so -- similiar overt behaviors can have different causes. The accurate assessment of the reason behind that person's "passiveness" is critical in determining the appropriate reaction. One way of assessing the reason behind a particular behavior is to know what is culturally "normal" for that person or group of people.

Therefore, in working with Asian parents (or people from different cultural/ethnic background), it is important not to assume that similiar overt behavioral patterns necessarily have the same underlying purposes and rationales as people from the majority culture. There is a need to gain information about cultural "norms", so that appropriate causes of action may be taken.

The second foundation point relates to the term "Asian". This term is really equivalent to terms such as "European" and "Hispanic". All three of these terms represent a large number of different cultural and linguistic groups. While many people are able to realize the diversity within groups of Europeans and Hispanics, the term Asian has been conveniently used to group many different people together, who may tend to have similiar physical characteristics (i.e. black hair, small eyes, shorter stature, etc.). The many differences among the various Asian groups is often not acknowledged. The fact, of course, is that there are many between-group, as well as within-group differences among Asians. The between-group difference can be highlighted, for example, by examining the different lifestyles, customs, and language between the Japanese and the Cambodians. The within-group difference can be shown by trying to describe one group of "Asians" -- the Chinese. Chinese from China are quite different from Chinese from Hong Kong, from Tiawan, from Vietnam, etc..

Another concept of within-group difference can be illustrated by the term "perpetual foreigner", which has been applied to Asians. Asians will always look different from the mainstream, regardless of how many generations they have been in the States. For example, a third generation Asian will be picked as a "foreigner" well before a European that may have just landed. So, an Asian that may look like a "foreigner", may have attitudes anywhere from very traditional to moderate to very mainstream America depending on his exposure

EC 200 287

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Brian Leung
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

BEST COPY AVAILABLE

to the American culture.

Therefore, with the many between- and within-group differences among Asians, it is important to remember the limitations of this presentation: that there will be many stereotypes, generalizations, and descriptions of central tendencies. The information in this presentation is meant to give a beginning perspective on working with Asian families, but much more information will be necessary in order to have a working knowledge for use with the various different Asian groups.

A third foundation point relates to the manifestation of culture. The extent to which cultural values/norms actually influence individual's or families' behaviors is often difficult to document. Compounded with individual and family idiosyncracies, the observed behaviors may or may not be culture bound. In working with Asian families, it is often the case that information about various Asian groups are still somewhat unfamiliar to many service providers, with many providers at the level of "conscious incompetence" (knowing that one does not know, but not clear exactly what is unknown). With incomplete information, it becomes even more difficult to sort through observed behaviors to determine if they are culturally related. It will take much time and work before case workers should really feel comfortable with their diagnosis and approach with Asian families.

Therefore, time should be allowed in order to gain the understanding that is necessary; and cultural information should be used as merely reference points, because the manifestations of culture may yield as many exceptions as there are rules. At the same time, confidence in personal experiences and training should be maintained. Do not be hesitatant in making clinical judgements, but be certain that they are informed clinical judgements. Continuing to interact with people from the target culture, attending other workshops/conferences, etc. will build "clinical memory", which will then faciliate the most appropriate services for this population.

Since it is obviously not possible to cover many of the pieces of informaton that will be needed (and, in fact, this presenter does not have access to all the information anyway), this presentation will seek to first, highlight some cultural characteristics of Asian groups, and second, pose some questions to be asked. It is often that when initially working with culturally diverse populations that we gain ground by asking better questions, than with simply searching for the "solutions". It is hope that the participants will use these suggested questions as a starting point to gain further insights, and develop personally compatible approaches with Asian families and children.

Some culturally related considerations:

In working with Asian groups, many service providers may form conclusions about Asian parents' lack of effort towards certain recommended procedures as a sign of apathy. It is important to know that many Asian groups have truly different orientations to life issues, such as dealing with handicaps, from the majority culture. Different perceived causes of handiciapping conditions will undoubtedly lead to different approaches in resolutions and remediations. For example, handicaps resulting from demon possession require appealing to a monk rather than seeing a physical therapist. It would be highly beneficial

for service providers to learn of some of these different attribution of handiciaps.

The interactional patterns of Asians with professionals can also lead to mis-interpretations, on both sides. First of all, Asians, especially thosc who are more traditional, will tend to defer to authority figures -- very seldom will they openly disagree with the recommendations of a professional, regard-less of how much they disagree with the recommendations. Open disagreement is seen as a challenge, which may cause someone to "lose face" (to lose their authority/esteem) and it is avoided at all cost. They will demonstrate their disagreement by not following through.

Secondly, it is very typical for Asians to approach the interactions with pro-fessionals with the mind set of Advice Seeking -- they have a problem, the professinals have the answers and will fix the problem. In traditional Chinese medicine, for example, the diagnosis and prescription occurs in the same, usually the first, session. Often times, it can be rather confusing for Asian clients when they go through diagnostic interviews, when questions that do not appear to be directly related to the "problem" are asked; and/or when they must go through many series of diagnostic testing (i.e. blood tests, urine analysis, etc.) They may feel that the provider does not truly under-stand the problem and/or the provider does not really know what to do. This mis-interpretation can often lead to early termination of clients with providers. Some clear understanding of this different type of interactional patterns will facilitate a much more appropriate working relationships with Asian families. For example, providers may need to acknowledge Asian clients' need for quick solutions by offering some concerete suggestions during initial contacts, then gradually move them to understand a different treatment approach.

In working with Asians, there are at least three "levels" of variables that providers need to contend with:

Level I - basic Asian cultural orientations towards receiving outside assistance. One important cultural virtue is the ability to endure hardship and live with it. Another is the dependence on family members as the primary source of support and comfort. These two are examples of values that are exhibited by many Asians, even among second, third generation American-born Asians.

Level II - the language barrier and day-to-day survival issues. In addition to Level I considerations, providers may have to deal with language barriers and adjustment/acculturation issues when working with first generation (immigrant) population.

Level III - handling emotional and physical traumas from war, as experienced by the Asian refugee populations (i.e. Southeast Asians). Providers must contend with variables from both Level I and II, plus deal with the effects of continuous war and violence have on this population, where sometimesthe roles of the victims and the perpetuators are not so easy to separate. This is, by far, the most difficult and highest risk Asian group to work with. There is a tremondous amount of work to be done with families and particularly with the adolescents from this group. There is a body of literature on working with refugees, and it would be highly beneficial for providers to be familiar with the readings if the primary clientele are refugees.

As described earlier, there are many different Asian groups with a great deal of differences. One somewhat convenient (but superficial) way of categorizing the many Asian groups for discussion is to separate them into the "chopstick cultures" and the "non-chopstick cultures". The separation is in reference to the whether they use chopsticks as eating utensils. The following are some generalizations of similiarities and differences between the two groups:

CHOPSTICK CULTURES	NON-CHOPSTICK CULTURES
* include people from: China, Japan, Korea, Vietnam...	* include people from: Cambodia, Laos, Thailand...
* influenced heavily by China, (Confusism)	* influenced heavily by India, (Buddism)

Similiarities

- high respect for elders	- similiar
- filial piety for parents	- similiar
- respect for authority figures	- similiar
- "circular" communication patterns	- similiar
- interactional patterns with professionals	- similiar

Differences

- tend to be high achievement oriented, competitive	- tend to be more laid-back
- tend to like lots of children	- tend to have some "ideal" number
- boys tend to valued more	- boys and girls treated similiarly
- parents are often viewed as omnipotent	- parents are viewed as less dominant/powerful
- punishment=love, tend to have strict discipline	- tend to rely less on physical punishment
- personal achievement are usually attributed to the family, brings glory	- more emphasis on personal development
- deficits/handicaps are to be "corrected"	- tend to be more accepting of deficits/handicaps

"Chopstick cultures" parents will tend to be more traumatized by having a handicap infant, and may tend to stay in the "denial" stage longer. However,

it is important to remember that both groups will probably feel much stigma in having a handicap child, and will need lots of support and understanding to deal effectively with the child. Because Asian groups tend to be rather fatalistic and have the view of an external locus-of-control, they will tend to be less active in the remediation processes. It is important, as mentioned before, that providers do not mis-interpret this type of behaviors as being non-interest. Again, the rationale behind the actions must be assessed, so that appropriate actions can occur.

When working with culturally and linguistically different population for the first time, asking appropriate questions can be very beneficial in gaining insights into the culture. The following are some of the questions that will help the provider to gain a better grasp of how parents from a different cultural background may react to handicapping conditions:

- What is the role of the super-natural?

- What are the casues of illnesses?

- What is the definition of "proper" mental health? For example, the goal of mental health is self-actualization; but in traditional Asian culture, proper mental health is role fulfillment -- to fulfill your role as whatever that you are (i.e. fulfilling the role of husband, wife, brother, employee, etc.)

- What are the various roles people play in society? Who does what?

- What are valued in the culture, in terms of specific behaviors (both verbal and non-verbal)? And with whom?

- What is the perception of the child? Is s/he an individual entity, or part of the family? What stages do they go through in their development?

- What are appropriate child-rearing practices? Are dependency valued?

Some suggested ways of gathering this type of information is to interact with people from the various Asian cultures; attend ethnic festivals and holiday celebrations; seeing an Asian movie (preferably with sub-titles); visit some shopping areas; drive through the neighborhoods, etc.

In conclusion, this presentation has sought to provide to the participants some beginning awareness of some of the issues to consider in working with Asian families and children. It is hoped that participants will continue to seek additional information and build on their own "clinical memory", so that culturally appropriate services will be more readily available to Asian familes and children.

Special thanks to Dr. Sam Chan and Mr. Khamchong Luangpraseut, from whom I borrowed extensively for this presentation.